

AMENDMENT

Request for Proposal

Amendment Date: May 20, 2013

Amendment Number: 2

Bid Event ID: EVT0002279

Closing Date: June 28, 2013, @ 2:00PM (CST)

Procurement Officer: Tami Sherley
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Item: Services, Health Care

Agency: Kansas Department of Corrections

Period of Contract: January 1, 2014 through December 31, 2017
(with the option to renew for three (3) additional two (2) year periods)

Conditions:

1. Questions following the pre-bid facility tours are due to the Procurement Officer no later than **noon, June 5th, 2013.**
2. Names of Vendors in attendance mandatory pre-bid conference held on May 9th, 2013 @ 10:00AM:

Correct Care Solutions
Mirror, Inc.
Wexford Health
Diamond Pharmacy
Centurion
Corizon
Correct Rx Pharmacy
Clinical Associates
Cerner
QS Nurses
3. The following documents have been updated:
 - Appendices A: Kansas Department of Corrections Facility Population Health Care Services Summary Report
 - Appendix I: Proposed Minimum Behavioral Health Staffing Plan
 - Appendix L: KDOC/CCS Health Services Report
 - Appendix N: Current Minimum Staffing Plan; KDOC Staffing Plan 7/1/2012
4. **See the attached answers to questions submitted to the Procurement and Contracts concerning the above mentioned RFP.**

A signed copy of this Amendment must be submitted with your bid. If your bid response has been returned, submit this Amendment by the closing date indicated above.

I (We) have read and understand this amendment and agree it is a part of my (our) bid response.

NAME OF COMPANY OR FIRM: _____

SIGNED BY: _____

TITLE: _____ DATE: _____

Amendment Number 2 EVT0002279 was recently posted to the Procurement and Contracts' Internet website. **The bid document can be downloaded by going to the following website:**

<http://da.ks.gov/purch/Contracts/bids.aspx>

It is the vendor's responsibility to monitor the Procurement and Contracts' website on a regular basis for any changes/addenda.

Cost Proposal

Question: What dollars/costs are intended to be included in the Employee Stabilization Fund Category of the Category Identification breakout worksheet?

Answer: This section has been removed from the RFP effective May 9, 2013 and is no longer necessary.

Cost Proposal

Question: Please confirm that Category Identification breakout pricing form intentionally does not include all cost categories, e.g. staffing, lab, & x-ray.

Answer: We confirm that the Category Identification breakout pricing form intentionally omits every cost category.

Cost Proposal

Question: Please confirm that the Per Diem worksheets need to be completed for every facility for each potential contract year which will create a total of 220 pages (11 sites * 2 pages * 10 years) of per diem pricing forms.

Answer: We confirm it requires a worksheet for every facility identified for each contract year, a total of 220 pages.

Cost Proposal

Question: The Site Pricing sheet does not include Oswego but does include Wichita Work Release. Does the KDOC prefer Oswego not be broken out?

Answer: Oswego is not broken out.

Cost Proposal

Question: The schedule includes a reference to 5.16.4 employee stabilization fund, however the RFP does not reference this fund. Is there a change forthcoming that describes this fund or is this a general term for costs associated with employee retention?

Answer: Employee stabilization fund is no longer part of the RFP process. It was included in error. However, please ensure that you have considered employee stabilization as an important part of the bid process.

Cost Proposal

Question: These sections include various groups of offenders where the contractor has some or all financial responsibility for the cost of medical care. Only some sections stipulate that the offenders are included in the contractor's population count ie: other housing contracts, community corrections sanctioned offenders. In the absence of language in the section stipulating that offenders are included in the count, should contractors assume that the offenders of other groups are not included in the contractor count?

Answer: All offenders in the count including WWRF are included. All 9,944 should be included in your bid for a full service model.

1.4

Question: Can you clarify that bidders can ask additional questions through noon on May 20, 2013?

Answer: As the RFP is amended we will extend the time allowed to ask additional questions to

June 5, 2013.

1.4

Question: Amendment 1: In the RFP there is a limit of 3 representatives per vendor allowed to attend the pre-proposal conference. A limit was not listed in Amendment 1. May more than 3 representatives attend the pre-proposal conference?

Answer: No

SECTION II

Question: A solicitation document provided at <http://www.da.ks.gov/purch/Contracts/Bids.aspx/EVT0002279> does not include a Sample Contract or Sample Business Associated Agreement. Will the Kansas Procurement and Contracts Office be requesting any "redlines" to these documents as part of the proposal submission?

Answer: No changes will be made to the Business Associate Agreement. Vendors may submit their standard contract templates for the State's review but ultimately the State will draft the contract document.

3.1

Question: Period of contract listed on a cover page indicates January 1, 2014 through December 31, 2017. Section 3.1 in the RFP, page 16, term of contract indicates January 1, 2014 through June 30, 2017. Please clarify.

Answer: January 1, 2014 through June 30, 2017 is the correct term of contract.

3.28

Question: The laws in Kansas prohibit the direct employment of physicians and dentists by corporate entities. Will the state require the vendor in the new contract to contract with professional associations, professional corporations for these services?

Answer: The vendor is to ensure all Kansas laws and regulations are followed when putting together their bid.

3.41

Question: Please clarify should items deemed "proprietary" be submitted separate and apart from the main proposal or submitted within the technical proposal and identified as such in the margins?

Answer: Proprietary items should be submitted separately and apart from the main proposal. They should be marked proprietary.

4.7

Question: Could the state please confirm when payment will generally be made?

Answer: The invoice is requested to be submitted by the 5th day of the month, however it appears that the state may consider providing payment prior to the month of service. Payments are routinely made by the 20th of each month prior to the month of service.

4.7

Question: Can you describe if and what type of penalties have been assessed to the current medical provider as well as the amounts of monetary fines levied over the last three years?

Answer: There has been an average of \$890,000 each year budgeted for the last three years.

Approximately \$500,000 per year for staffing penalties; \$330,000 for performance penalties; \$60,000 for travelling over a 35 mile distance for offsite appointment penalties.

4.9

Question: Please clarify the difference between the Performance Guarantee in section 4.9 and the Performance Bond in section 4.10. What is the required form of the Performance Guarantee?

Answer: A bond is a certified bond. A performance guarantee is allocations of savings to be forfeited in the event the contractor is found in breach of the contract and upon termination of that breached contract.

4.12

Question: Please provide the cost for the professional liability insurance required for state employees.

Answer: The vendor should include in their bid standard liability insurance costs as it compares to those positions within their own organization.

4.16

Question: Billing: Is there a single source payer or are there multiple payers for clinical and behavioral health services?

Answer: The successful bidder will be a single source payer.

5.3.15

Question: Can you define "extra training on security" including how that training is obtained initially and subsequently maintained.

Answer: IT, Security, and Officer Basic Training at new hire with annual updates.

5.3.17

Question: With regard to mammography services, what is your current female population over the age of 50? Are mammography services currently provided on site or offsite? If on site, what is the frequency and who is the provider?

Answer: The first question will be answered following the June 5th responses to questions. Mammography services are provided off site with a local community provider.

5.3.17

Question: Can you identify the OBGYN presently working contracted with the current medical provider and how many hours this position provides? Also, does this provider perform offsite services at Stormont-Vail?

Answer: The OBGYN is the staff physician on site and deliveries are performed at Stormont Vail Hospital.

5.3.18

Question: Radiology services - Please provide for the last two full years, the number of the following procedures performed on site mobile unit:

a. CT

Answer: 0

b. MRI

Answer: 0

c. Ultrasound

Answer: 0

5.3.18

Question: How many pieces of X-Ray equipment are located in each facility? Could KDOC provide a listing of equipment including the description and age of equipment? Are there any space limitations to be considered for the digital equipment that would be proposed? Aside from general X-Rays, does the KDOC anticipate any other types of services to be accommodated on site with this new digital equipment?

Answer: Currently each facility has one X-Ray machine with the exception of Norton. All facilities are in need of new digital X-Ray equipment including Oswego Correctional Facility, with the exception of LCF, who already has one digital X-ray. The vendor should include in the proposal any and all services that can be provided with this equipment to reduce offsite services.

5.3.20

Question: Are clinics for all the specialty services listed here currently being provided on site on 5.3.20?

Answer: No. Currently there is only oncology at EDCF and dialysis at LCF for the entire state. This is one area that the vendor must meet, and exceed whenever possible, the exact RFP language requirements.

5.3.21

Question: Is replacement telemedicine equipment paid for out of the equipment escrow?

Answer: No

5.3.21

Question: The RFP notes that the contractor is responsible for the cost of regular telephone line service. Is this provided as a bill for KDOC, or does the contractor provide payment to the telecommunications company directly? If KDOC bills the contractor, could you please provide the average monthly cost for the past 12 months of the current contract term?

Answer: The telephone bill monies are paid to the Kansas Department of Corrections by the vendor. The cost will be provided with the June 5th follow up responses to questions.

5.3.21

Question: The following are in regard to section 5.3.21 – Telemedicine

a. Can vendor use the KDOC's internal structured cabling for LAN drops to connect Medical computers and devices to switches in the wiring closets?

Answer: Yes.

b. Can vendor use the KDOC's fiber and copper cabling to interconnect vendor provided network equipment?

Answer: No.

c. Can the vendor use ports on the KDOC network switching infrastructure as an uplink path for the new Telemedicine VLAN switches and/or Wireless AP's? (Please state any restrictions to their use.)

Answer: No. They cannot be used.

d. Will KDOC work with the vendor to implement a separate VLAN on the KDOC switches that will be used only by the Medical Vendor to carry Telemedicine and EHR data?

Answer: Yes.

e. Will KDOC provide rack space and electricity for any vendor supplied equipment that the vendor must deploy in the wiring closets or the Data Center?

Answer: Yes.

f. Will KDOC provide the vendor 24/7 access to the cabling closet areas at each facility to enable the vendor to provide timely support of vendor provided equipment?

Answer: Yes.

g. Please explain how access to the wiring closets will be provided to the Medical Vendor. Please explain time-of-day or day-of-week limitations to this access.

Answer: The Health Information Technology Committee will establish policies for access including times and dates of availability. The proposal should include 24/7 on call services with full access.

h. Will KDOC provide the vendor 24/7 access to the Data Center(s) to enable the vendor to provide timely support of vendor provided equipment?

Answer: Yes.

i. Please explain how access to the Data Center(s) will be provided to the Medical Vendor. Please explain time-of-day or day-of-week limitations to this access.

Answer: The Health Information Technology Committee will establish policies for access including times and dates of availability. The proposal should include 24/7 on call services with full access.

j. Please provide the addresses and room locations for all wiring closets that must be used to provide VLAN Drop connections to the Medical computers and devices.

Answer: Each facility has a Data Center and wiring closets as well as the KDOC Central Office. Addresses will be provided to the successful bidder.

k. Please provide the addresses and room locations of the Data Center(s) where the central system equipment will be implemented.

Answer: Each facility has a Data Center and wiring closets as well as the KDOC Central Office. Addresses will be provided to the successful bidder.

5.3.21

Question: Would KDOC systems such as OMIS and TOADS be available to the selected vendors on the telemedicine/EHR network described in 5.3.21 or will the vendor be required to maintain separate computers for access to the KDOC network for OMIS and TOADS access?

Answer: Yes. The OMIS and TOADS system will be available. The vendor is required to ensure

hardware/software and maintenance of the EHR system includes acceptance of, and incorporation of the OMIS and TOADS system into the EHR.

5.3.21

Question: Regarding the medical network requirement and the requirement that this network also support the EHR system. If a carve-out EHR system proposal "5.14.2" requires any special features, bandwidth or security above that required for the telemedicine network, would the EHR vendor be required to pay for such upgrades or would this be the responsibility of the medical provider.

Answer: Yes. The EHR vendor would be required to pay for the upgrade.

5.3.21

Question: What telemedicine services are currently being provided at the sites? What physician is providing these services?

Answer: Telepsychiatry is currently the only telemedicine being provided. We would expect to see much more utilization of telemedicine in our system.

5.3.24

Question: Who is the current on site dialysis provider at the Topeka and Lansing Correctional Facility?

Answer: Chardonay

5.3.24

Question: Who is the current nephrologist and what hospitals does this provider work out of?

Answer: There is not currently a nephrologist on site. The current contracted nephrology service is with Kansas University Hospital. The new RFP requires nephrology onsite.

5.3.24

Question: What dialysis equipment is currently available on site? How old is the equipment? What is the condition of the equipment?

Answer: Relatively new dialysis equipment, less than two years old, is on site and owned by Chardonay. Chairs and supplies are owned by KDOC.

5.4.1

Question: Where and how many negative air flow rooms does KDOC operate? Are they all operational?

Answer: Each facility in the KDOC has negative air flow rooms. There are a total of 19 negative air flow rooms statewide. All of them have been certified by the Kansas Department of Health and Environment as fully and competently operational.

5.4.2

Question: Can you please provide costs for the past two years by category for each of the following: Inpatient hospital days, ED runs, laboratory on site, radiology on site, outpatient surgery, ambulance, dialysis, physician office visits, other offsite visits?

Answer: This is proprietary information, however the events are listed in the Health Services Report, Appendix L, for these items.

5.4.2

Question: Will we receive a report from Medicaid showing the amount paid that will be deducted from our invoice?

Answer: KDOC will provide a report to the vendor monthly to reconcile Medicaid deductions.

5.4.4

Question: Is the implementation of the end-of-life program limited to the infirmary facilities or is it to include juvenile and work-release facility as well?

Answer: No, the end-of-life program does not include juvenile or work-release facilities.

5.5.2

Question: Who currently provides on site transportation between the facilities?

Answer: KDOC. That will also be the case with the new contract as well.

5.6.1

Question: Are dental services currently provided in all sites? If so, what is the frequency and who are the providers?

Answer: Yes. The current vendor provides dental services including dentists at each facility. This occurs daily at most facilities.

5.6.1

Question: Does the state currently use the dental module in NexGen? Are you anticipating its use when including the next release of the NexGen software suite?

Answer: No, it is custom made. Yes, we are anticipating use of the dental module in the next release of the NexGen software suite unless otherwise specified by the vendor.

5.7

Question: Please provide the following data for each of the KDOC facilities:

a. What types of inmates are housed within the facility, e.g. US Marshals (USM), Immigration, and Customs Enforcement (ICE) or other third party payment eligible?

Answer: Inmates are in one of four categories: State sentenced inmates, interstate compact, Federal females, and probation detainees presentenced. Third party payment eligibility would apply to the probation detainees.

5.7.2

Question: Specifically, where are the county jail programs located and which counties?

Answer: Currently there are only five offenders at Johnson County work release.

5.8

Question: A company must be FDA registered, re-packager to legally repackage stock medications into blister cards.

A. Will you mandate that the pharmacy vendor use a FDA registered re-packager?

B. Will you require bidders to provide evidence (such as the re-packagers license and labeler code) to provide that they use an FDA registered repackaging?

C. Will you require the documentation to be submitted as part of the proposal?

Answer: For A, B, and C: KDOC is well aware of the rules and laws required in providing pharmaceutical services to the inmate population. We expect that vendors who can demonstrate 5 years in the business could demonstrate compliance with all rules, regulations, and laws as well.

5.8

Question: A vendor is required by law to be a licensed wholesaler in a particular state to distribute

wholesale quantities of stock medications in that state.

- A. Will you require bidders to provide evidence to prove that they are a licensed wholesaler in the bidder's homestate and in your homestate?
- B. Will you require documentation to be submitted as part of the proposal?

Answer: KDOC is well aware of the rules and laws required in providing pharmaceutical services to the inmate population. We expect that vendors who can demonstrate 5 years in the business could demonstrate compliance with all rules, regulations, and laws as well. The successful bidder will be required to submit all appropriate documentation necessary to perform their duties.

5.8

Question: Will you mandate that the pharmacy vendor be a National Association of Boards of Pharmacy (NABP) Verified, Accredited Wholesale Distributor (VAWD). Will you require documentation to be submitted as part of the proposal?

Answer: KDOC is well aware of the rules and laws required in providing pharmaceutical services to the inmate population. We expect that vendors who can demonstrate 5 years in the business could demonstrate compliance with all rules, regulations, and laws as well. The successful bidder will be required to submit all appropriate documentation necessary to perform their duties.

5.8

Question: The Prescription Drug Marketing Act of 1987 (PDMA) requires vendors to provide electronic pedigree papers (ePedigrees) with all stock medications.

- A. Will you require the pharmacy vendor to provide FDA mandated ePedigree papers for stock medications?
- B. Will you require the pharmacy vendor to have at least 2 years of experience at the time of the proposal submission to have ePedigree compliance?

Answer: KDOC is well aware of the rules and laws required in providing pharmaceutical services to the inmate population. We expect that vendors who can demonstrate 5 years in the business could demonstrate compliance with all rules, regulations, and laws as well. The successful bidder will be required to submit all appropriate documentation necessary to perform their duties.

5.8

Question: Would the terms of pharmacy contract mirror the medical contract?

Answer: Yes

5.8

Question: Please provide the following data for each of the KDOC facilities:

- b. Top 100 medications by cost, by facility.

Answer: Proprietary information

- c. Top 100 non-formulary medications by cost, by facility.

Answer: Proprietary information

- d. Total number of patients on medications.

Answer: This answer will be provided to the follow-up questions following June 5, 2013.

e. Total number of fills per month by facility.

Answer: This answer will be provided to the follow-up questions following June 5, 2013.

f. Total cost of medications per month by facility.

Answer: Proprietary information.

g. HIV cost per month by facility.

Answer: Proprietary information. Please refer to the HSR for the number of HIV patients at each facility.

h. HCV cost per month by facility.

Answer: Proprietary information. Please refer to the HSR for the number of HCV patients at each facility.

i. Psych cost per month by facility.

Answer: Proprietary information. Please refer to the HSR for psychotropic medications per facility.

j. Psych fills per month by facility.

Answer: This answer will be provided to the follow-up questions following June 5, 2013.

k. Number of patients on psychotropic medications.

Answer: This answer is in the HSR report by facility.

l. Annual total drug spent by facility.

Answer: Proprietary information.

5.8

Question: Will the KDOC assist the pharmacy vendor in securing licenses required by state and federal regulatory agencies?

Answer: This will be the vendor's responsibility, however KDOC will work with the successful bidder to ensure all licensing is in place.

5.8

Question: Is KDOC seeking services from a pharmacy vendor?

Answer: KDOC is seeking only those services outlined in the RFP.

5.8

Question: Does KDOC intend to purchase medications from a pharmacy?

Answer: KDOC is seeking only those services outlined in the RFP.

5.8

Question: Does KDOC intend to administer purchased medications to its patients?

Answer: KDOC is seeking only those services outlined in the RFP.

5.8

Question: Does KDOC intend to sell medications if purchased?

Answer: No

5.8

Question: Does KDOC intend to distribute medications if purchased to another licensed entity?

Answer: KDOC is seeking only those services outlined in the RFP.

5.8

Question: Is KDOC licensed by the state of Kansas or federal government as a drug distributor?

Answer: No

5.8

Question: Is KDOC licensed by the state of Kansas as a drug wholesaler?

Answer: No

5.8

Question: Does KDOC intend to purchase medications from a wholesaler?

a. If so, is KDOC licensed by the state of Kansas Board of Pharmacy to purchase from a wholesaler? Please specify.

b. If so, are KDOC's institutions licensed by the federal government as healthcare clinics?

Answer: For a and b: KDOC is seeking only those services outlined in the RFP.

5.8

Question: If KDOC intends to purchase medications from wholesaler, but is not licensed as a distributor by either the state of Kansas or the federal government, under what authority or licensure would it do so?

Answer: KDOC is seeking only those services outlined in the RFP.

5.8

Question: If KDOC is seeking to purchase medications from wholesaler, for what purpose?

Answer: KDOC is seeking only those services outlined in the RFP.

5.8

Question: Does KDOC intend to purchase medications from a licensed repackager?

a. If so, is KDOC licensed by the state of Kansas Board of Pharmacy to purchase from a wholesaler? Please specify.

b. If so, are KDOC's institutions licensed by the federal government as healthcare clinics?

c. If KDOC is seeking to purchase medications from a licensed repackager, for what purpose?

Answer: For a, b, and c: KDOC is seeking only those services outlined in the RFP.

5.8

Question: Certain bidders within the industry are submitting questions to DOCs with misleading information regarding pharmacy operations in order to eliminate competition.

a. For example, a bidder has stated that a "company must be an FDA Registered Repacker to legally repackage stock medications from bulk containers into blister cards." However, not every pharmacy is required to hold a repacker registration merely because it is

repackaging stock medication. The Code of Federal Regulations governing FDA Registered Repackers provides certain specific exemptions from registration under Section 207.10. Please confirm that the DOC will recognize any and all applicable statutory exemptions to the Federal Repacker Registration and confirm that any pharmacy vendor selected by the bidder to provide pharmacy services under this bid will not be required to hold a FDA Repacker Registration.

- b. This same bidder has stated that “a pharmacy is required by law to be a licensed wholesaler in a particular state to distribute wholesale quantities of stock medications in that state.” However, not every pharmacy is required to hold a wholesaler license merely because it is distributing stock medication. KSA 65-1626 recognizes several exemptions under the wholesale distributor license requirements. Please confirm that the DOC will recognize any and all applicable statutory exemptions to wholesale distribution licensure requirements and confirm that any pharmacy vendor selected by the bidder will not be required to obtain a wholesale distribution license.
- c. The bidder has also stated that “the Prescription Drug Marketing Act of 1987 (PDMA) requires vendor to provide electronic pedigree papers (ePedigrees) with all stock medications.” However, not every pharmacy is required to provide pedigree papers with its stock medications. Pedigree papers are only required of wholesale distributors under the Prescription Drug Marketing Act. Therefore, please confirm that the DOC will only require pedigree papers from any pharmacy vendor selected by the bidder that is licensed as a wholesale distributor.
- d. Finally, the bidder has stated that “true unit-dose dispensing is required in many states before a pharmacy vendor is allowed to accept returns and provide credit on returned medications. A pharmacy vendor that dispenses medication in blister cards (both stock and patient-specific) must individually label each bubble of the blister card with a medication’s name, strength, manufacturer, NDC lot number, lot and expiration date.” However, not every pharmacy is required to label its stock and patient specific medications as identified above. The labeling requirement is applicable only to those who hold a repacker registration. Therefore, please confirm that the DOC will require any pharmacy vendor selected by the bidder to label its medications in accordance with its applicable registrations and licensure.

Answer: For a, b, c, and d: KDOC is well aware of the rules and laws required in providing pharmaceutical services to the inmate population. It is the vendor’s responsibility to comply with all applicable rules and laws in providing the services outlined in the RFP.

5.8.1

Question: True unit-dose dispensing is required in many states before a pharmacy vendor is allowed to accept returns and provide credit on returned medications. A pharmacy vendor that dispenses medications in blister cards (both stock and patient specific) must individually label each bubble of the blister card with the medications name, strength, manufacture's name, NDC number, lot number, and expiration date. Will you mandate that the pharmacy vendor fully comply with these requirements at time of proposal submission?

Answer: KDOC is well aware of the rules and laws required in providing pharmaceutical services to the inmate population. We expect that vendors who can demonstrate 5 years in the business could demonstrate compliance with all rules, regulations, and laws as well. The successful bidder will be required to submit all appropriate documentation necessary to perform their duties. It is the vendor’s responsibility to comply with all applicable rules and laws in providing the services outlined in the RFP.

5.8.3

Question: Describe the number of high dollar pharmacy cases that currently exist in KDOC, number of factor 8/9 patients, number and type of patients on medications over 5,000/month?

Answer: Pharmacy expenditures are proprietary. The vendor must request specifically what types of patients they consider high dollar. Currently there is only one factor 9 patient in the last two years in our system. There is one autoimmune patient that requires close monitoring as well.

5.8.4

Question: Could the Lansing pharmacy be used for first fills with additional pharmacists performing clinical activities?

Answer: Section 5.8.4 has been deleted and is no longer part of the RFP process, therefore LCF is not an option. Section 5.8.4 was not intended to ever be in the original RFP, it was included in error.

5.8.5

Question: If we are only submitting the pharmacy alternative do we need to follow the same technical format? See section 2.1

Answer: Yes

5.10

Question: What types of Behavioral Health Services need to be documented within the EHR (i.e.: Is there a provision of drug and alcohol rehabilitation services, mental health services/counseling, and group counseling?)

Answer: All services will be required to be documented within the EHR.

5.13.5

Question: Will you require bidders to be accredited by The Joint Commission [formerly The Joint Commission on Accreditation of Health Organization/JCAHO] at the time of the bid submission? Will you require documentation to be submitted as part of the proposal?

Answer: No

5.13.8

Question: Regarding the cost of equipment, such as copy machines and other office equipment, if the carve-out or un-bundled options for behavioral health, EHR, or pharmacy, as outlined in item e, p. 3 of the proposal is chosen, would each vendor be responsible for the equipment required in their carve-out? For instance, there is no presumption that one vendor provide office equipment to the other vendors.

Answer: Yes, for administrative and office equipment. The EHR vendor would be responsible for all EHR equipment.

5.14

Question: For either the Next-Gen or carve-out options, would these systems utilize any State-provided infrastructure, such as data centers, domains, networks, or other infrastructure? Would the EHR system need to be available for both the KDOC network and the network required in 5.3.21 simultaneously?

Answer: For data centers, it will. For domains, it will not. For networks and other infrastructure, it will not. The EHR system would need to be available for both the KDOC network and network required in 5.3.21 simultaneously.

5.14

Question: Please confirm that all KDOC facilities have internet connectivity that the contractor can use to connect its hosted computer systems and hosted software solutions. If there is availability, please supply the bandwidth allotment to the internet throughout the KDOC network.

Answer: Currently they have internet access, however the vendor is responsible for creating and operating their own system. It must be maintained through the KDOC firewall so that KDOC can manage the security component of the system.

5.14

Question: What integrations are present to NexGen at this time? This would include labs, pharmacy, or other 3rd party clinical or other integrations.

Answer: Lab and the PAQ option are the only integrations.

5.14

Question: Do you currently utilize the PAQ option of NexGen?

Answer: Yes

5.14

Question: Who is responsible for performance monitoring of the database servers? Will this continue to be the DOC's approach?

Answer: The vendor is responsible and will continue to be so.

5.14

Question: Who currently owns the NexGen software licensing? Will this continue to be the DOC's approach?

Answer: KDOC owns it, the vendor pays the bill and this will continue to be the approach.

5.14.1

Question: Will KDOC allow EHR or data to be hosted remotely but managed by a Kansas company with staff that work and operate in the state of Kansas.

Answer: No

5.14.1

Question: Does the department wish for the EHR to be hosted remotely by the EHR vendor?

Answer: No

5.14.1

Question: What kind of power source do the facilities have, ie: Phase 3? Are they capable of currently supporting a digital X-Ray system? What kind of communication drops do the facilities have (Category 3-fiber)?

Answer: There is adequate power at all facilities to handle digital X-ray. If additional electrical wiring is needed, KDOC will be responsible for the wiring of electricity.

5.14.1

Question: Who currently owns and pays for the maintenance of the CITRIX licenses in place for the

Next-Gen solution? Will this continue to be the KDOC approach if the contractor is responsible, please identify the current annual expenditures for this maintenance?

Answer: The KDOC owns the CITRIX licenses and the vendor pays for the maintenance and licenses in place and we will continue this practice. The current cost for licensing and annual maintenance fees will be provided with the June 5, 2013 Follow-Up Question Responses.

5.14.1

Question: What are the current costs of the NexGen support agreement?

Answer: This will be provided with the June 5, 2013 Follow-Up Question Responses.

5.14.1

Question: Is the support contract through NexGen directly?

Answer: Yes

5.14.1

Question: Who will be responsible for funding of the new interface to the juvenile OMIS (JJIS)?

Answer: The vendor.

5.14.1

Question: Please list what is considered "or any other software and maintenance agreements?" Please outline these costs?

Answer: It encompasses every step of the EHR system: hardware, software, data center, licensing, routine upgrades, medical devices, etc.

5.14.1

Question: Is the state looking for the contractor to add the EHR enhancements/upgrades and provide the pricing for the upgrades?

Answer: Yes

5.14.1

Question: Is it the intention of the new contractor who will install WiFi for the KDOC or just make an estimation for the costs of this project?

Answer: That is the vendor's discretion. Pricing should be included either way.

5.14.1

Question: Please define what stand-alone EHR refers to. Is this referring to completely owned?

Answer: No

Question: Operated?

Answer: Yes

Question: Contractor maintained EHR?

Answer: Yes

5.14.1

Question: When is the anticipated replacement for the R710 ESXI servers due?

Answer: Anticipated 2 years.

5.14.1

Question: When is the anticipated replacement for the SAN environment due?

Answer: Anticipated 3 years.

5.14.1

Question: When is the anticipated replacement for the EMC environment due?

Answer: Estimated 3 years.

5.14.1

Question: Will the KDOC provide the necessary email addresses for the contractor staff for use with NexGen and general healthcare communications?

Answer: The vendor will supply all email messaging and addresses with administrative oversight and control by KDOC. The vendor is required to maintain this site.

5.14.1

Question: If additional network drops are determined to be needed to provide computers at all points of care, will KDOC be responsible for installing network drops in associated infrastructure or will this be the responsibility of the contractor including the installation costs.

Answer: The contractor is responsible.

5.14.1

Question: Please provide a list of medical service areas (points of care) that the KDOC feels are missing computer workstations including exam, intake, triage, medical records, chronic care, etc. Goal is to have a count of workstations in all facilities that will be required, above and beyond the current allotment, for proper healthcare documentation.

Answer: None that we are aware of, with the exception of KJCC and LJCC. Juvenile sites have no EHR equipment and all will need to be outfitted.

5.14.1

Question: Please provide a list of all existing telemedicine equipment in use by KDOC, if any, when it was replaced, and the equipment locations.

Answer: There are web-cams at each facility that are less than 4 years old.

5.14.1

Question: Please provide the DOC's current version of NexGen, as well as the version that is being upgraded to next.

Answer: Version 5.6.9.12

5.14.1

Question: Please provide the DOC's current version of KBP, as well as the version that is to be upgraded to next.

Answer: Version KBM 7.9 range. These must be upgraded to the latest available version by July 1, 2014.

5.14.2

Question: If the contractor introduces and demonstrates an alternative EHR does the KDOC have an anticipated budget for the carve-out?

Answer: We ask that vendors set the budget expectations.

5.14.2

Question: Do both EHR options require any special security options for data separation between the adult and juvenile populations?

Answer: No physical separation is needed. Logical separation is required.

5.14.2

Question: If the carve-out design is selected for EHR or telemedicine, would the hardware and software required to support the EHR also flow to the carve-out vendor?

Answer: Yes

5.14.2

Question: If the carve-out design is selected for behavioral health or EHR, will all the technical support requirements included in 5.14.1 also flow to the carve-out vendor and not be required of the medical provider?

Answer: Yes

5.14.2

Question: Under the carve-out design, is the state desiring that all information contained in the current EHR migrate to the new EHR, or will the existing EHR be maintained and the new EHR maintain records on a go-forward basis. (Would the current system be retired and removed from service once the data is migrated to the new system? Must the data from the existing system be migrated to the new system, prior to the go-live of the new system?)

Answer: Vendor will provide solution for archiving, retention, and retrieval of old data.

5.14.2

Question: Will KDOC allow the contractor to install and support its own network for use in providing healthcare, telemedicine, or other administrative applications if deemed necessary?

Answer: Yes. This could include a WiFi network to be used in the administration of medications, through the use of eMAR, or other roaming provider care, such as point of care encounters.

5.14.2

Question: Will the KDOC image the computers replaced by the contractor during the contract? Will the vendor be responsible for the imaging?

Answer: The vendor is responsible for the imaging. There currently are no scanners at any facility. Scanning is a requirement for all facilities.

5.14.2

Question: Is it the KDOC's wish that the winning contractor manage what is currently in place today updating and replacing hardware as necessary?

Answer: The answer to this is at the vendor's discretion as to how best to manage the EHR given all the specifications of this RFP.

5.14.2

Question: Do you currently utilize the Rosetta interface for labs, who is the current lab vendor?

Answer: Yes

5.14.2

Question: Do you currently have an interface to the pharmacy built or are orders faxed and filled?

Answer: No. Orders are faxed and filled.

5.14.6

Question: What offender management systems is KDOC currently using in both the KDOC and the Juvenile Justice Information System? Please denote vendor and current version.

Answer: JJIS, OMIS, and TOADS, all self-created.

5.16.1

Question: Would the KDOC consider a different staffing pattern other than what is stated in the RFP?

Answer: The KDOC would be willing to review and consider any staffing alternatives.

5.16.2

Question: Please confirm that the KDOC intends for the new contractor to install their own chosen timekeeping systems clocks as part of the new contract.

Answer: Yes

5.16.3

Question: Please provide a listing of vacancies by position, by site.

Answer: The staffing penalty report with vacancies will be provided with the June 5th follow up responses.

5.16.3

Question: Please provide turnover by position, by site for the last 12 months.

Answer: The staffing penalty reports for the last 12 months with vacancies will be provided with the June 5th follow up responses.

5.16.4

Question: Item b references "current staffing summary salaries." We do not find the references salaries. The section also states that Appendix N provides a listing of the state employee positions and salary penalty costs. Can you point out the location of both items with information in the RFP? Or if not included, please provide.

Answer: Salaries are proprietary and cannot be provided, however, the current staffing summary provides base salary assumptions for position type.

Appendix A

Question: What is the total number of beds, for all facilities irrespective of types, for the determination of EHR price proposal?

Answer: 9,944

Appendix H

Question: Can you provide definition for "limited" regarding the hours of service outlined in this Appendix?

Answer: See Appendix H to define "limited". Currently the service is not all inclusive but is available, i.e. chemotherapy. Not all chemotherapy is performed on site at LCF and HCF. Most is performed at EDCF.

Appendix L

Question: Appendix L as provided includes error references in various fields. Could the KDOC please provide a corrected copy without the error references? In addition to the information provided in the RFP Appendix L, can you also please provide the HSR for 2010, 2011, 2012, and 2013 YTD? For each of the above periods, can you also provide: Average daily population, inpatient hospital days, ED runs (not admitted), number of outpatient surgeries?

Answer: Corrected copy is attached. The remainder of the questions will be answered following the June 5th responses to questions.

Appendix N

Question: RFP Appendix I included a staffing plan for Behavioral Health in Attachment N including all staffing for juvenile justice, however no staffing plan for physical healthcare in the adult DOC system was provided. Could you please provide a staffing plan that lists the number of FTE's by facility, by position?

Answer: The staffing plan is now included.

Appendix N

Question: Can you please provide a current listing of all employees by job, title, and site, including their current base rate of pay and FTE status? If this is not available, can we get a listing of the average rate of pay by position, by site.

Answer: The staffing plan is now included with the base salaries included as well.

Question: Please provide the hire date, tenure for each employee or average tenure, by position, by site.

Answer: This will be included in the June 5, 2013 Follow-Up Question Responses.

Question: Please provide the current employee benefit participation levels by plan.

Answer: Proprietary information.

Question: Please provide a plan description detailing the current time off (vacation, personal time off, sick leave) benefits.

Answer: Proprietary information.

Question: Please provide the shift differential rates by job by site.

Answer: Proprietary information.